



City of Somerville, Massachusetts
Finance Department, Treasury Division
Joseph A. Curtatone
Mayor

Linda Dubuque
Acting City Treasurer and Collector of Taxes

FREDERICK M. TOBIN
Assistant Treasurer

ABANDONED and UNCLAIMED PROPERTY CLAIM FORM

Name and Address (as appeared in newspaper or on website)	Name and Address Correction (if different)

Claimant must sign below (if more than one person is entitled to the property both or all must sign). Under penalties of perjury, I declare that my claim of ownership to this property is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

Owner Signature

Social Security or Tax Identification Number

Date

Co-Owner Signature (if applicable)

Social Security or Tax Identification Number

Date

(____) _____
Telephone Number

We need the following to process your claim:

Name, Address, Social Security or Tax Identification Number, Telephone Number and Signature.

If all the information is not completed, the claim will not be processed.

NOTE: Make a copy of the claim form for your records and return the original completed form, along with any necessary documentation to the address shown above. An original signature is required. Electronic copies, photocopies and faxes will not be accepted.

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

CHECK NUMBER

DATE

AMOUNT

DESCRIPTION